

# Application Data Sheet

## Application Information

Application number::	<b>Unknown</b>
Filing Date::	<b>Herewith</b>
Application Type::	<b>Regular</b>
Subject Matter::	<b>Utility</b>
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	<b>None</b>
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	<b>SURGICAL SAW BLADE COUPLER</b>
Attorney Docket Number::	<b>60,210-190</b>
Request for Early Publication?::	<b>No</b>
Request for Non-Publication?::	<b>No</b>
Suggested Drawing Figure::	
Total Drawing Sheets::	<b>6</b>
Small Entity?::	<b>No</b>
Latin name::	
Variety denomination name::	
Petition included?::	<b>No</b>
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	<b>No</b>

## Applicant Information

Applicant Authority Type::  
Primary Citizenship Country:: *US*  
Status::

Given Name:: *Andrew*  
Middle Name::  
Family Name:: *Gant*  
Name Suffix::  
City of Residence:: *Austin*  
State or Province of Residence:: *Texas*  
Country of Residence:: *United States*  
Street of mailing address:: *12610 Riata Tr Pkwy, #422*  
City of mailing address:: *Austin*  
State or Province of mailing address:: *Texas*  
Country of mailing address:: *United States*  
Postal or Zip Code of mailing address:: *78727*

## Correspondence Information

Correspondence Customer Number :: *27305*

### **OR (ONLY USE ONE)**

Name:: *No more than 50 characters*  
Street of mailing address:: *No more than 50 characters per line, up to 2 lines*  
City of mailing address:: *No more than 40 characters*  
State or Province of mailing address:: *No more than 50 characters*  
Country of mailing address:: *No more than 50 characters*

Postal or Zip Code of mailing  
address::

*No more than 20 characters*

Phone number::

*No more than 40 characters per line*

Fax Number:

*No more than 40 characters per line*

E-Mail address::

*No more than 64 characters per line*

## Representative Information

Representative Customer Number:: 27305

*-OR- (ONLY USE ONE OR THE OTHER)*

Representative Designation::  
*Primary or Associate*

Registration Number::  
*No more than 5 digits*

Representative Name::  
*No more than 50 characters*

## Domestic Priority Information

Application No::  
**60/425,461**

Continuity Type::  
**US Provisional**

Filing Date::  
*November 12, 2002*

## Foreign Priority Information

Country::                      Application number::      Filing Date::                      Priority Claimed::

## Assignee Information

Assignee name::	<b>Stryker Instruments</b>
Street of mailing address::	<b><i>4100 East Milham</i></b>
City of mailing address::	<b><i>Kalamazoo</i></b>
State or Province of mailing address::	<b><i>Michigan</i></b>
Country of mailing address::	<b><i>United States</i></b>
Postal or Zip Code of mailing address::	<b><i>49001</i></b>